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APPLICANTS

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**** CONTINUING DATA** ***** *no*

**** FOREIGN APPLICATIONS** ***** *no*

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>allowance</i>	RI	DRAWING 1	20	3
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature	Initials			

ADDRESS

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02841-1708

TITLE

Gun-armed countermeasure

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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